

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE
cert. pm 7/16
2008 JUL 17 PM 12:52

COMMITTEE NAME (Must be same as on Statement of Organization)

Himes for House

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
(4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political
Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Dena G. Himes

Political Party (if applicable)
Republican

Office Sought

State Representative

District (if Senate or House)
31

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1720

4 pages

C 7006 0100 0004 0099 5408
Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Dena G. Himes
SIGNATURE OF PERSON FILING REPORT

1-319-465-5743 7-16-2008
TELEPHONE DATE SIGNED

I AM FILING A July 19, 2008

(report date)

REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR.

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

1,981.65

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

770.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

2,751.65

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

130.00

Schedule F: Loan Repayments total (Attach Schedule F)

2,621.65

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

199.28

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Himes for House

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05/17/08	ID# CK# 7998	Jody James P. O. Box 416 Monticello, IA 52310		\$50.00	<input checked="" type="checkbox"/>
05/29/08	ID# CK# 5446	Cecilia Hatcher 125 S. Ford Street Anamosa, IA 52205		20.00	<input checked="" type="checkbox"/>
05/30/08	ID# CK# 10568	Julie Hosch 403 Hayes Street Cascade, IA 52033		25.00	<input checked="" type="checkbox"/>
06/05/08	ID# CK# 2706	Jones County Republican Committee Marie Krutfield, Treasurer		500.00	<input checked="" type="checkbox"/>
06/05/08	ID# CK# 7077	Ivan Eden 10737 1100th Avenue Center Junction, IA 52212		25.00	<input checked="" type="checkbox"/>
06/11/08	ID# CK# 2830	Matt Horsfield 2942 Fox Hollow Dr. Dubuque, IA 52001		100.00	<input checked="" type="checkbox"/>
06/18/08	ID# CK# 12059	Clyde Meyer 426 West 8th Street Monticello, IA 52310		50.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 770.00	
TOTAL (if last page of this schedule)				\$ 770.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURES



CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Himes for House

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/02/08	ID# CK# 1003	Monticello Express P. O. Box 191 Monticello, IA 52310	Ad for Great Jones County Fair Book	\$ 130.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 130.00
TOTAL (if last page of this schedule)				\$ 130.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Himes for House

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
05/21/08	Deb Dooley 2401 25th Street SW Cedar Rapids, IA 52403	Sister	Hosted coffee at Grounds and Goodies in	\$ 25.00	<input type="checkbox"/>
06/07/08	Republican Party of Iowa 621 West 9th Des Moines, IA 50309	None	Logo Design	100.00	<input type="checkbox"/>
06/11/08	Dena Himes 720 West Sixth Street Monticello, IA 52310	Candidate	Tootsie Rolls for Parades	11.87	<input type="checkbox"/>
07/01/08	Dena Himes 720 West Sixth Street Monticello, IA 52310	Candidate	Parade items for July 4th	12.16	<input type="checkbox"/>
07/08/08	Dena Himes 720 West Sixth Street Monticello, IA 52310	Candidate	Postcard stock for Post Cards	14.97	<input type="checkbox"/>
07/09/08	Calvin Himes 720 West Sixth Street Monticello, IA 52310	Spouse of Candidate	Colored and Black ink for printer	35.28	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 199.28	
TOTAL (if last page of this schedule)				\$ 199.28	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)